PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | 10/597/28 | | | | |
|--|--|---|--------|---|------------------|---------------------|------------------------|----|---------------------|------------------------|--|
| | | CLAIMS | | - PART I | (Column 2) | SMALL ENT | TITY | OR | OTHER SMALL E | | |
| บ.ธ | . NATIONAL | STAGE FEES | | | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | | | • | EXAM, FEE | | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | | | | SEARCH FEE | | 1 | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | m | inus 100 = | / 50 = | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 20 ' | minus 20 = . | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 3 | minus 3 = + | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | *************************************** | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | · TOTAL | | OR | TOTAL | 900 | |
| AMENDMENT A | 7/12/06 | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | AMENDE | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT | SMALL E | ADDI- TIONAL FEE | OR | OTHER SMALL E | | |
| | Total | 20 | Minus | ** 20 | = | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | • 3 | Minus | ··· 3 | =/ | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | • | | |
| NDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** . | = | X \$ 25 = | | OR | X \$ 50 = | | |
| AMEN | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | ·+ \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | | |
| | | | | | | | | OR | | L | |